

FILED
MAY 15 2008

RICH/
CLERK
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

VINCENT ROSENBALM

Plaintiff,

vs.

ED FOULK
NAPA STATE HOSPITAL

Defendant.

CASE NO. CO 8 2064 SI

**PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS**

I, Vincent Rosenbalm, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ☒ No ☐

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: Approx \$80-100 month Net: Approx \$80-100 month

Employer: NAPA STATE HOSPITAL

2100 NAPA VALLEJO HIGHWAY NAPA, CA 94558

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)
 4 _____
 5 _____
 6 _____

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes ☒ No ☐
 10 self employment
 11 b. Income from stocks, bonds, Yes ☐ No ☒
 12 or royalties?
 13 c. Rent payments? Yes ☐ No ☒
 14 d. Pensions, annuities, or Yes ☐ No ☒
 15 life insurance payments?
 16 e. Federal or State welfare payments, Yes ☒ No ☐
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 welfare Hospital 12⁵⁰ month
 22 325 Author House Publishing

23 3. Are you married? Yes ☐ No ☒

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

*ALL
Estimates*

- 1 b. List the persons other than your spouse who are dependent upon you for
2 support and indicate how much you contribute toward their support. (NOTE:
3 For minor children, list only their initials and ages. DO NOT INCLUDE
4 THEIR NAMES.).

5 JDR (17)
6 NOT AT PRESENT DUE TO ILLEGAL IMPRISONMENT

- 7 5. Do you own or are you buying a home? Yes ___ No ✓
8 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____
9 6. Do you own an automobile? (2) Yes ✓ No ___
10 Make Subaru Year 1992, 1993 Model Legacy
11 Is it financed? Yes ___ No ✓ If so, Total due: \$ _____
12 Monthly Payment: \$ 0
13 7. Do you have a bank account? Yes ___ No ✓ (Do not include account numbers.)
14 Name(s) and address(es) of bank: _____
15 _____
16 Present balance(s): \$ _____
17 Do you own any cash? Yes ✓ No ___ Amount: \$ Approx \$20
18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
19 market value.) Yes ✓ No ___
20 _____

- 21 8. What are your monthly expenses?

22 Rent: \$ 0 Utilities: 0
23 Food: \$ _____ Clothing: _____

24 Charge Accounts:

25 <u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
26 <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
27 <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
28 <u>0</u>	\$ _____	\$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 School Loans Estimated \$5-10,000.00
4 CREDIT CARD debt \$5-10,000.00

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes ___ No ___ NOT SURE ✓

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 NOT SURE

10

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15

16

5/10/08

DATE

Vincent Rosenbaum

SIGNATURE OF APPLICANT

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UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

ORIGINAL
FILED
08 APR 21 PM 4:45
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Dear Sir or Madam:

Your complaint has been filed as civil case number 08-02064

✓ A filing fee of \$350.00 is now due. If you are unable to pay the entire filing fee at this time, you must sign and complete this court's Prisoner's In Forma Pauperis Application in its entirety. If the application is granted, you will not have to prepay the fee, but it will be taken out of income to your prisoner account in installments.

Your complaint is deficient because you did not pay the filing fee and:

1. ✓ you did not file an In Forma Pauperis Application.
2. _____ the In Forma Pauperis Application you submitted is insufficient because:

_____ You did not use the correct form. You must submit this court's current Prisoner's In Forma Pauperis Application.

_____ Your In Forma Pauperis Application was not completed in its entirety.

_____ You did not sign your In Forma Pauperis Application.

_____ You did not submit a Certificate of Funds in Prisoner's Account completed and signed by an authorized officer at the prison.

_____ You did not attach a copy of your prisoner trust account statement showing transactions for the last six months.

_____ Other _____

Enclosed you will find this court's current Prisoner's In Forma Pauperis Application, which includes a Certificate of Funds in Prisoner's Account form, and a return envelope for your convenience.

Warning: YOU MUST RESPOND TO THIS NOTICE. If you do not respond within **THIRTY DAYS** from the filing date stamped above, your action will be **DISMISSED**, the file closed and the entire filing fee will become due immediately. Filing a Prisoner's In Forma Pauperis Application will allow the court to determine whether installment payment of the filing fee should be allowed.

Sincerely,
RICHARD W. WIEKING, Clerk,

By _____
Deputy Clerk

ROSENBAUM

5/11/08

TO RICHARD WIEKING (Clerk)

(CAN YOU PLEASE SEND
ME (5) 42 U.S.C. 1983 Forms

TO VINCENT ROSENBAUM
2100 Napa Valley Highway Suite 5
NAPA, CA 94558

CV08-02064 SI (PR)

Thank You
Vincent
Rosenbaum

RECEIVED
08 MAY 15 PM 2:20
CLERK U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

PROOF OF SERVICE 5/11/08

I am Vincent Rosenbalm an
American Citizen over 18 years of age

ON 5/11/08 I served the within

1) Forma Pauperis App

By placing a sealed envelope
in the Napa State Hospital Mail

Addressed US DISTRICT COURT
450 GOLDEN GATE AVE
PO BOX 36060
SAN FRANCISCO, CA 94102

FROM

Vincent Rosenbalm
2100 Napa Valley Highway West
Napa, CA 94558

Under the penalty of perjury
this is true and correct
to the best of my knowledge

Vincent Rosenbalm

VINCENT ROSENCOLD
2100 NAPA VALLEY HIGHWAY UNIT 5
NAPA, CA 94558

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 12615 WASHINGTON DC

POSTAGE WILL BE PAID BY UNITED STATES COURTS

US DISTRICT COURT
450 GOLDEN GATE AVE
PO BOX 36060
SAN FRANCISCO CA 94102-9680



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

